STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445130	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/17/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE, SPARTA	34 GRACEY ST SPARTA, TN 38583

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed the fire drill. The findings include: Observation during the fire drill on 8/17/10 at 9:58 AM, revealed the staff did not immediately activate the fire alarm system. National Fire Protection Association (NFPA) 101, 19.7.2.3 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/17/10.	K 050	**K 050 Fire drills** On 9-6-10 all staff were inserviced by the Administrator on the location of the pull stations and the proper fire procedures. Maintenance Director will perform fire drills as specified in the state regulations (one per shift per month) and also on new hire orientation. Evaluations of the drills will be complied and any issues that arise will be addressed immediately following the drill. Completed 9-6-10 The Maintenance Director will monitor compliance of fire drills through the quality assurance process. The Maintenance Director will monitor all drills monthly to evaluate if all staff are aware of the procedures. Findings will be reported the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse. The monitor will be continued as determined by the Maintenance Director or as directed by the Quality Assurance Committee.	9-6-10
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Barbara Stapp	Administrator	9-3-10

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 052	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the fire alarm system. The findings include: Observation of the basement corridor on 8/17/10 at 10:15 AM, revealed the 2 pull stations were mounted above the 54-inch rule. National Fire Protection Association (NFPA) 72, 2-8.1 This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/17/10.	K 052	**K 052 Pull Stations** On 8-18-10 Maintenance moved 2 pull stations in the basement corridor to met the 54-inch rule. On 9-2-10 all other pull stations in the facility were measured to determine if they complied with this rule - no other stations needed to be moved. Completed 9-2-10 The Maintenance Director will monitor compliance of pull stations through the quality assurance process. The Maintenance Director will monitor all pull stations monthly x 3 months to make sure they have not been moved. Findings will be reported to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.	9-2-10
K 054 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the smoke detectors. The findings include: Observation of the station 3 dining room revealed a smoke detector was in the direct path of an air diffuser. National Fire Protection Association (NFPA) 72, 2-3.5.1	K 054	**K 054 Smoke Detectors** On 8-18-10 Maintenance moved the smoke detector in station 3 dining room to be in compliance with NFPA rules. On 9-2-10 all smoke detectors in the building were reviewed to verify that they meet the NFPA rule. Completed 9-2-10 The Maintenance Director will monitor smoke detector placement through the quality assurance process. The Maintenance Director will monitor all smoke detectors monthly x 3 months to make sure they are in compliance. Findings will be reported to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.	9-2-10

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K 054	Continued From page 2 This findings was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/17/10.	K 054	**K 64 Portable Fire Extinguishers** On 8-18-10 the fire extinguisher in the recreation office was mounted in accordance with NFPA requirements. On 8-18-10 the fire extinguisher in the old boiler room was moved to met the NFPA requirements. On 8-17-10 items that were blocking the fire extinguishers in the Health Information office and Maintenance shop were moved. On 9-3-10 all portable fire extinguishers in the building were checked to make sure they met the NFPA requirements of being properly hung and not blocked. On 9-6-10 all staff were inserviced by the Administrator on making sure fire extinguishers are not blocked. Completed 9-6-10 The Maintenance Director will monitor compliance of fire extinguishers through the quality assurance process. The Maintenance Director will review all areas of the building monthly x 3 months to verify that portable fire extinguishers are in proper locations and not blocked. Findings will be reported to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse. The monitor will be continued as determined by the Maintenance Director or as directed by the Quality Assurance Committee.	9-6-10
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based observation it was determined the facility failed to maintain the fire extinguishers. The findings include: Observation of the recreation office on 8/17/10 at 9:45 AM, revealed the fire extinguisher was not mounted on the wall as required. National Fire Protection Association (NFPA) 10, 1.6.7 Observation of the old boiler room on 8/17/10 at 9:50 AM, revealed the fire extinguisher was mounted above the 60-inch rule. NFPA 10, 1.6.10 Observation of the health information office and the maintenance shop on 8/17/10 at 10:00 AM, revealed the fire extinguishers were blocked with equipment. NFPA 10, 1.6.3 These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/17/10.	K 064		
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 067		

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K 067	Continued From page 3 Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the Heating, Ventilating, and Air Conditioning system (HVAC). The findings include: Observation of the beauty shop storage room on 8/17/10 at 9:38 AM, revealed the exhaust fan vent cover was hanging down. National Fire Protection Association (NFPA) 90A This finding was acknowledge by the Administrator and verified by the Director of Maintenance at the exit conference on 8/17/10.	K 067	**K 067 Heating ventilating and air conditioning** On 8-18-10 the Maintenance Director rehung the exhaust fan vent cover. On 9-2-10 all vent covers in the facility were checked to make sure they were properly hung. Completed on 9-2-10. The Maintenance Director will monitor heating, ventilating, and air conditioning vents through the quality assurance process. The Maintenance Director will monitor all vent covers in the building monthly to make sure they are properly hung. Findings will be reported to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse. The monitor will be continued as determined by the Maintenance Director or as directed by the Quality Assurance Committee.	9-2-10
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the no smoking signs. The findings include: Observation of the hydro therapy bathroom on	K 141	**K 141 No smoking signs** On 8-18-10 the administrator placed a no smoking sign on the hydro therapy bathroom. On 9-2-10 the maintenance director reviewed all areas of the building to determine if proper signage in place. On 9-6-10 the Administrator inserviced all staff on making sure no smoking signs are in place where oxygen is being stored. Completed 9-6-10 The Maintenance Director will monitor compliance of smoking signs through the quality assurance process. The Maintenance Director will monitor all areas of the building monthly x 3 months to evaluate smoking signs are in place.	9-6-10

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K 141	Continued From page 4 8/17/10 at 9:25 AM, revealed oxygen stored in the room and no precautionary sign posted. National Fire Protection Association (NFPA) 99, 8.6.4.2 This findings was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/17/10.	K 141	**F 141 cont.** Findings will be reported to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the electrical system. The findings include: Observation of the station 3 clean lining room on 8/17/10 at 9:35 AM, revealed a broken light cover. National Fire Protection Association (NFPA) 70, 110-12 Observation of the Maintenance shop on 8/17/10 at 10:20 AM, revealed the electrical panels were blocked with equipment. NFPA 70, 110-26(a) These finding were Acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/17/10.	K 147	**K 147 Electrical Wiring and Equipment** On 8-18-10 the light cover in the clean linen room was replaced. On 8-18-10 the electrical panels in the Maintenance Shop were cleared of all items stored in front of them. On 9-2-10 the Maintenance Director reviewed all areas in the building to verify that no other light covers were broken and that all electrical panels were free from being blocked. On 9-6-10 the Administrator inserviced all staff on making sure that broken items are reported to maintenance and making sure that all electrical panels remain unblocked. Completed 9-6-10 The Maintenance Director will monitor compliance of electrical wiring and equipment through the quality assurance process. The Maintenance Director will monitor all areas of the building monthly x 3 months for broken light covers and blocked electrical panels and correct immediately if found. Findings will be reported to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse. The monitor will be continued as determined by the Maintenance Director or as directed by the Quality Assurance Committee.	9-6-10

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